

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>191577</u>	FILING DATE <u>11-13-98</u>				
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
15						65					
16	1					66					
17						67					
18						68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31	1					81					
32						82					
33						83					
34						84					
35	1					85					
36						86					
37						87					
38	1					88					
39						89					
40						90					
41	1					91					
42						92					
43						93					
44						94					
45	1					95					
46	1					96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	4					TOTAL IND.					
TOTAL DEP.	47					TOTAL DEP.					
TOTAL CLAIMS	51					TOTAL CLAIMS					